

Case Number:	CM15-0066749		
Date Assigned:	04/14/2015	Date of Injury:	07/07/1998
Decision Date:	05/15/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49-year-old female, who sustained an industrial injury on July 7, 1998. The injured worker reported back pain. The injured worker was diagnosed as having lumbar or thoracic radiculopathy, dysthymic disorder lumbar laminectomy, and sacrolitis. Treatment and diagnostic studies to date have included medication, epidural steroid injection surgery and psychiatric care. A progress note dated January 12, 2015 provides the injured worker complains of low back buttock and right hip pain. She rates her pain as 1/10 and reports sleep disturbance, inability to concentrate and depression. Physical exam notes lumbar tenderness and decreased range of motion (ROM). A note dated February 18, 2015 provides the injured worker was unable to get to pharmacy due to transportation and that she feels she needs housekeeper that was discontinued. There is a request for housekeeping and transportation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Non-medical housekeeping daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home service Page(s): 51.

Decision rationale: The patient presents with low back, buttock and right hip and groin pain. The request is for non-medical housekeeping daily. There is no RFA provided and the patient's date of injury is 07/07/98. The patient was diagnosed as having lumbar or thoracic radiculopathy, dysthymic disorder lumbar laminectomy, and sacrolitis. Per 03/26/15 report, physical examination to the lumbar spine revealed tenderness to palpation with limited range of motion in all directions, due to pain, worse with extension. Disc loading and straight leg raise test are both positive bilaterally. Yeoman's, Fortin's finger test and Faber's are all positive. The patient has a mildly antalgic gait. Treatments to date have included medication, epidural steroid injection surgery and psychiatric care. The patient's work status is unavailable. MTUS Guidelines, page 51, has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home bound on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In this case, the requesting progress report was not provided for review. The MTUS guidelines are clear that Home Care is for medical treatment only and for no more than 35 hours per week. In regards to the request for daily housekeeper assistance, guidelines do not support the issuance of a home aide solely for the purpose housekeeping. The patient does present with chronic pain, but there is no evidence of inability to do simple house chores. There is no neurological deficit that would inhibit the patient's ability to do house work. Furthermore, MTUS does not consider homemaker services medical treatments, either. Therefore, the request IS NOT medically necessary.

Transportation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee and leg chapter, Transportation Aetna Clinical Policy Bulletin: Home Health Aides Number: 0218.

Decision rationale: The patient presents with low back, buttock and right hip and groin pain. The request is for transportation. There is no RFA provided and the patient's date of injury is 07/07/98. The patient was diagnosed as having lumbar or thoracic radiculopathy, dysthymic disorder lumbar laminectomy, and sacrolitis. Per 03/26/15 report, physical examination to the lumbar spine revealed tenderness to palpation with limited range of motion in all directions, due to pain, worse with extension. Disc loading and straight leg raise test are both positive bilaterally. Yeoman's, Fortin's finger test and Faber's are all positive. The patient has a mildly antalgic gait. Treatments to date have included medication, epidural steroid injection surgery and psychiatric care. The patient's work status is unavailable. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the Knee and Leg Chapter on Transportation states, "Recommended for medically necessary transportation to

appointments in the same community for patients with disabilities preventing them from self-transport." The Aetna Guidelines do support transportation services if it is essential to medical care. Evidence of medical necessity that specifically identifies the medical condition needs to be provided. In this case, there is no documentation that the patient is unable to self-transport. The treating physician does not mention that the patient has disabilities preventing her from self-transport; no discussion as to why public transportation is not feasible and no discussion regarding the patient's lack of social support. Therefore, the request for Transportation IS NOT medically necessary.